

COMPREHENSIVE FOOD SERVICE INSPECTION

For use of this form, see TB MED 530, the proponent agency is the Office of The Surgeon General.

INSTALLATION															BUILDING NO.					FACILITY DESIGNATION																																							
PERSON IN CHARGE OF FACILITY															COPY REPORT FURNISHED TO																																												
TYPE FACILITY										1	RATING										2	PURPOSE										3																											
<input type="checkbox"/> 1. Troop Dining Facility <input type="checkbox"/> 2. Cafeteria <input type="checkbox"/> 3. Snack Bar										<input type="checkbox"/> 4. Hospital Dining Facility <input type="checkbox"/> 5. Club <input type="checkbox"/> 6. Other (specify)										<input type="checkbox"/> 1. Satisfactory <input type="checkbox"/> 2. Unsatisfactory										<input type="checkbox"/> 3. Marginal <input type="checkbox"/> 4. Other (specify)										<input type="checkbox"/> 1. Regular <input type="checkbox"/> 2. Courtesy										<input type="checkbox"/> 3. Reinspection <input type="checkbox"/> 4. Other (specify)									
COM-MAND		INSTALLATION				FACILITY				INSPECTOR				INSPECTION TIME (MIN)			DATE						RESERVED																																				
		YR				MO				DAY																																																	
4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34																													
DESCRIPTION												WT	DESCRIPTION												WT	DESCRIPTION												WT																					
FOOD													FOOD EQUIPMENT AND UTENSILS (con't)													GARBAGE AND REFUSE DISPOSAL (con't)																																	
*01 Approved source, sound condition, no evidence of spoilage												5	20 Wash, rinse water: Clean, proper temperature												2	34 Outside storage area properly constructed, clean; adequate container washing facilities												1																					
02 Original container, properly labeled												1	*21 Sanitization rinse: clean, correct temperature, concentration, exposure time, and pressure. Equipment/utensils sanitized.												4	INSECT, RODENT, OTHER ANIMAL CONTROL																																	
FOOD PROTECTION													22 Wiping cloths: Clean, restricted in use, stored in sanitizing solution												1	*35 No evidence of insects/rodents - unauthorized animals												4																					
*03 Potentially hazardous food meets time/temperature requirements during storage, preparation, display, service, transport; leftover policy												5	*23 Food contact surfaces of equipment and utensils: clean, sanitized between uses, free of abrasives/detergents												3	FLOORS, WALLS, AND CEILINGS																																	
*04 Equipment to maintain product temperatures												4	24 Nonfood contact surfaces of equipment and utensils clean												1	36 Floors: constructed, drained properly, in good repair; covering installation durable, dustless cleaning methods												1																					
05 Thermometers provided, conspicuous, accurate												1	25 Proper storage, handling of clean, sanitized equipment and utensils												1	37 Walls, ceilings, attached equipment constructed properly, good repair, surfaces clean, dustless cleaning methods												1																					
*06 Proper tempering/thawing of potentially hazardous food												3	26 Single-service items: not reused, properly stored, and dispensed												2	LIGHTING																																	
*07 Potentially hazardous food offered for self service not re-served												2	WATER													38 Lighting adequate, fixtures shielded, protected												1																					
08 Food protected during storage, preparation display, service transport												2	*27 Safe approved sources, adequate hot and cold water, adequate pressure												4	VENTILATION																																	
09 Handling of food/ice minimized												2	*28 Adequate sewage and liquid waste disposal												4	39 Rooms vented as required												1																					
10 In use, food/ice utensils properly stored												1	PLUMBING													*40 Filters and grease extracting equipment clean and properly installed												4																					
PERSONNEL													29 Installed, maintained properly												1	DRESSING ROOMS/AREAS																																	
11 Training program records available												1	*30 No cross-connection, potential back siphonage, backflow												3	41 Clean, lockers provided, convenient location, used												1																					
*12 No evidence of communicable diseases, skin infections, cuts, burns												5	TOILET AND LAVATORY FACILITIES													OTHER OPERATIONS																																	
*13 Hands washed and clean, good hygiene practices												4	31 Adequate number, convenient, accessible, designed and installed properly												3	*42 Necessary toxic items properly stored, labeled, used												4																					
14 Clean work garments: hair restraints; no unauthorized jewelry, watches												1	32 Toilet rooms enclosed, self-closing doors, good repair, adequate hand cleaner, running water, temperature, hand drying facilities, waste receptacles												1	43 Premises: Maintained free of litter, unnecessary articles - maintenance equipment properly stored, authorized personnel only												1																					
FOOD EQUIPMENT AND UTENSILS													GARBAGE AND REFUSE DISPOSAL													44 Clean/soiled linen properly stored												1																					
*15 Food/ice contact surfaces are nontoxic, properly designed, constructed, installed, located, and maintained												3	33 Containers or receptacles covered, adequate number, vermin proof, emptied frequently, clean												3	45 Complete separation of food operations from living/sleeping quarters, laundry												1																					
16 Nonfood contact surfaces properly designed, constructed, installed, located, and maintained												1														46 Other (specify)																																	
17 Utensil washing facility properly designed, operated, maintained, and installed												2														FOLLOW-UP																																	
18 Accurate thermometers, pressure gauges, chemical test kits provided/used												2														47 Yes..... <input type="checkbox"/>																																	
19 Utensils preflushed, scraped, soaked												1														48 No..... <input type="checkbox"/>																																	
																										RATING SCORE IF USED																																	
																										49 (100) Less weight of items violated																																	
*Critical deficiencies requiring immediate correction - Use DA Form 5161-1 for additional remarks.																																																											
SIGNATURE OF INSPECTOR																		TIME										DATE																															
SIGNATURE OF RECEIVER																												DATE																															

ITEM NUMBER	PARAGRAPHS*	ITEM NUMBER	PARAGRAPHS*
1	2-1, 2-2	23	2-7, 2-10, 2-11, 2-19, 4-22, 4-26, 4-27, 7-2, 7-14, 8-5, 10-23
2	2-1, 2-7, 2-23	24	4-22, 7-11, 7-14
3	2-2 thru 2-9, 2-13, 2-17, 2-19, 2-22, 2-24, 2-31, 2-32, 7-10, 8-2	25	2-37, 3-4, 4-28, 4-30, thru 4-33, 6-7, 6-23, 7-13
4	2-7 thru 2-9, 2-27, 2-32	26	4-6, 4-8, 4-32, 4-33, 7-3, 8-4
5	2-5, 2-8, 2-9, 2-27, 2-32	27	4-26, 4-27, 5-1 thru 5-7, 5-23, 5-24, 7-6, 7-13, 8-5, 10-19
6	2-18, 2-19, 2-22	28	5-8, 5-24, 7-7, 7-8, 7-14, 8-6
7	2-22, 2-28 thru 2-31	29	2-25, 5-9, 5-12 thru 5-14, 6-16, 7-7
8	2-2, 2-3, 2-6 thru 2-8, 2-10, 2-11, 2-15 thru 2-17, 2-19, 2-23, 2-24, 2-27, 2-31, 2-32, 2-35, 4-10, 6-7, 6-23, 7-1, 7-11, 7-14, 8-9, 10-9, 10-22	30	2-27, 5-10, 5-11, 5-13, 6-5
9	2-2, 2-10, 2-19, 2-25, 2-26	31	5-15, 5-16, 5-21 thru 5-23, 8-7
10	2-3, 2-5, 2-19, 2-25, 2-26	32	5-17, 5-18, 5-34, 8-7
11	3-6	33	5-24 thru 5-26
12	3-2	34	5-25
13	3-4, 3-5, 4-32, 5-22, 10-15, 10-20	35	5-25, 5-27 thru 5-34, 6-13, 6-31, 8-9, 10-16, 10-19 thru 10-21
14	3-4	36	5-25, 6-2 thru 6-7, 6-12 thru 6-16, 7-13, 8-8, 10-17
15	2-5, 2-7, 4-1 thru 4-14, 4-16, 4-17, 4-19, 4-21, 4-31, 4-34, 8-3, 10-1, 10-22	37	5-25, 6-8 thru 6-15, 8-9
16	2-27, 4-2, 4-3, 4-9, 4-10, 4-13, 4-15, 4-16, 4-19, 4-20, 4-31, 4-34, 5-24, 5-35, 8-3	38	6-17, 6-18
17	4-10, 4-22, 4-26, 4-27, 4-29	39	5-20, 6-19, 6-20
18	4-26, 4-27	40	6-21, 6-22
19	4-26, 4-27	41	6-23, 6-24
20	4-26, 4-27	42	2-36 thru 2-42, 4-23, 4-26, 4-27, 4-29, 5-7
21	2-7, 2-10, 2-11, 2-17, 2-19, 4-22, 4-26, 4-27, 7-2, 8-5	43	6-26, 6-30
22	4-23	44	5-35, 6-28, 6-29
		45	6-27, 6-28
<p>*Appropriate paragraph will depend on the actual violation identified. List is not all inclusive and other paragraphs may apply.</p>			